



Hospice Lennox & Addington Board of Directors Application

Date: mm / dd / yyyy

NAME: _____

EMAIL: _____

() _____
Home Phone

() _____
Cell Phone

() _____
Work Phone

Address (Number/Street/Apt. Number/Rural Route/Box Number)

Town/City

Postal/Zip Code

How long have you lived in the community?

Profession: _____

Place of Employment: _____

HOSPICE LENNOX AND ADDINGTON ASSISTS AND SUPPORTS CLIENTS,
CAREGIVERS AND THEIR FAMILIES WITH LIFE-THREATENING ILLNESS AND
OFFERS BEREAVEMENT CARE AFTER LOSS.
OUR VISION IS TO PROVIDE COMPASSIONATE CARE AND SUPPORT TO EVERY
PERSON IN OUR COMMUNITY LIVING WITH A LIFE-THREATENING ILLNESS SO
THEY MAY REACH THE END OF THEIR LIFE WITH DIGNITY.

Why do you wish to be on the Board of Directors for Hospice L&A?

Describe any skills; background or experiences you have had that you feel would be relative to the purpose and goals of Hospice L&A.

Describe any past or present volunteer experiences (including board experiences), in particular in the non-profit sector.

Are you aware of any real or perceived conflict of interest, which exists or could arise in the future in connection with your performance as a member of the Board of Directors? Is so, please describe.

Do you have any additional comments or questions?

I am prepared to make a two-year commitment to the Board of Directors of Hospice L&A. Initial: _____
I will supply Hospice L&A with an up to date CPIC. Initial: _____

References whom we may contact

Name: _____	Name: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

Declaration

I hereby declare that the above information is true and complete to the best of my knowledge. If approved by the Board of Directors, I hereby promise and undertake to honestly and faithfully perform my duties and responsibilities as a member of the Board of Directors to the best of my abilities and in accordance with all laws and regulations.

Signature

Date

Authorization for collection of personal information

I, _____, authorize Hospice Lennox and Addington to collect personal information from me (Name, Address, Date of Birth, and SIN) appropriate to the position applied for. I understand that the information will be used to meet Hospice L&A's reporting requirements and will be kept confidential.

Signature

Date